

Fill in this information to identify your case and this filing:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>Texas</u>
Case number	<u>24-43547-MXM-13</u>		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 Single Family Residence

Street address, if available, or other description

19 Wyck Hill Lane

Westlake, TX 76262

City State ZIP Code

Tarrant

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: 07142498

Source of Value: TCAD

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$1,821,000.00

Current value of the portion you own?
\$1,821,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

If you own or have more than one, list here:

Debtor **Falts, Wael Samir**

Case number (if known) **24-43547-MXM-13**

1.2 **Single Family Residence**

Street address, if available, or other description

530 W. Hickory Ridge Circle

Argyle, TX 76226

City State ZIP Code

Denton

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: **192275DEN**

Source of Value: **Denton CAD**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$900,000.00

Current value of the portion you own?

\$900,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Rental

☒ **Check if this is community property** (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here**



\$2,721,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1 **Make:** **BMW**

Model: _____

Year: **2016**

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$4,000.00

Current value of the portion you own?

\$4,000.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

Debtor **Falts, Wael Samir**

Case number (if known) **24-43547-MXM-13**

4.1 Make: _____ **Who has an interest in the property?** Check one.

- Model: _____
- Year: _____
- Other information:
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$4,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.

See Attached.

\$3,325.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
- ☒ Yes. Describe.

2 Televisions
Electronics

\$900.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
- ☐ Yes. Describe.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
- ☐ Yes. Describe.

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
- ☐ Yes. Describe.

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11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

Clothes, Shoes, Accessories

\$300.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**



\$4,525.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes Cash:

Debtor **Falts, Wael Samir**

Case number (if known) **24-43547-MXM-13**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No

☐ Yes

Institution name:

17.1. Checking account:	_____	_____
17.2. Checking account:	_____	_____
17.3. Savings account:	_____	_____
17.4. Savings account:	_____	_____
17.5. Certificates of deposit:	_____	_____
17.6. Other financial:	_____	_____
17.7. Other financial:	_____	_____
17.8. Other financial:	_____	_____
17.9. Other financial:	_____	_____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes

Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
information about
them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Debtor **Falts, Wael Samir**

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23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them. ...

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26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

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27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

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Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

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Federal:

State:

Local:

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29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony: _____
 Maintenance: _____
 Support: _____
 Divorce settlement: _____
 Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

Debtor **Falts, Wael Samir**

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35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**



\$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe.

41. **Inventory**

☒ No

☐ Yes. Describe.

42. **Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe

Name of entity:

% of ownership:

Debtor **Falts, Wael Samir**

Case number (if known) **24-43547-MXM-13**

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$0.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information.

Debtor **Falts, Wael Samir**

Case number (if known) **24-43547-MXM-13**

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☒ No

☐ Yes

50. **Farm and fishing supplies, chemicals, and feed**

☒ No

☐ Yes

51. **Any farm- and commercial fishing-related property you did not already list**

☒ No

☐ Yes. Give specific information.

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here**



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. **Add the dollar value of all of your entries from Part 7. Write that number here**



\$0.00

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**



\$2,721,000.00

56. **Part 2: Total vehicles, line 5**

\$4,000.00

57. **Part 3: Total personal and household items, line 15**

\$4,525.00

58. **Part 4: Total financial assets, line 36**

\$0.00

59. **Part 5: Total business-related property, line 45**

\$0.00

60. **Part 6: Total farm- and fishing-related property, line 52**

\$0.00

61. **Part 7: Total other property not listed, line 54**

+

\$0.00

62. **Total personal property. Add lines 56 through 61.**

\$8,525.00

Copy personal property total →

+

\$8,525.00

Debtor Falts, Wael Samir

Case number (if known) 24-43547-MXM-13

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.

\$2,729,525.00

Debtor **Falts, Wael Samir**

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Continuation Page

6.	Household goods and furnishings	
	<u>Dining Table w/chairs</u>	<u>\$600.00</u>
	<u>Entertainment Center</u>	<u>\$25.00</u>
	<u>Microwave</u>	<u>\$100.00</u>
	<u>Nightstand, Two Mirrors, Two Beds, Two Dressers</u>	<u>\$700.00</u>
	<u>Refrigerator</u>	<u>\$500.00</u>
	<u>Stove</u>	<u>\$700.00</u>
	<u>Two Ovens</u>	<u>\$700.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>Texas</u>
Case number (if known)	<u>24-43547-MXM-13</u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>Single Family Residence</u> <u>19 Wyck Hill Lane</u> <u>Westlake, TX 76262</u>	<u>\$1,821,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(1)</u>
Line from <i>Schedule A/B</i> : <u>1.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Single Family Residence 530 W. Hickory Ridge Circle Argyle, TX 76226	\$900,000.00	<input checked="" type="checkbox"/> \$15,425.00	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : 1.2		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2016 BMW	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00	11 U.S.C. § 522(d)(2)
Line from <i>Schedule A/B</i> : 3.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Dining Table w/chairs	\$600.00	<input checked="" type="checkbox"/> \$600.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Entertainment Center	\$25.00	<input checked="" type="checkbox"/> \$25.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Nightstand, Two Mirrors, Two Beds, Two Dressers	\$700.00	<input checked="" type="checkbox"/> \$700.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Two Ovens	\$700.00	<input checked="" type="checkbox"/> \$700.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Stove	\$700.00	<input checked="" type="checkbox"/> \$700.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Microwave	\$100.00	<input checked="" type="checkbox"/> \$100.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Refrigerator</u> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>2 Televisions</u> Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>Electronics</u> Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>Clothes, Shoes, Accessories</u> Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Falts, Wael Samir**

CASE NO **24-43547-MXM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$900,000.00	\$568,408.46	\$331,591.54	\$15,425.00	\$316,166.54
3.	Motor vehicle	\$4,000.00	\$0.00	\$4,000.00	\$4,000.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$3,325.00	\$0.00	\$3,325.00	\$3,325.00	\$0.00
7.	Electronics	\$900.00	\$0.00	\$900.00	\$900.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Nonfarm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: **Falts, Wael Samir**

CASE NO **24-43547-MXM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: Falts, Wael Samir

CASE NO 24-43547-MXM-13

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$908,525.00	\$568,408.46	\$340,116.54	\$23,950.00	\$316,166.54

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

IN RE: Falts, Wael Samir

CASE NO 24-43547-MXM-13

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #3

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<u>Real Property</u>			
(None)			
<u>Personal Property</u>			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u>				
Single Family Residence 530 W. Hickory Ridge Circle Argyle, TX 76226	\$900,000.00	\$568,408.46	\$331,591.54	\$316,166.54
<u>Personal Property</u>				
(None)				
TOTALS:	\$908,525.00	\$568,408.46	\$340,116.54	\$316,166.54

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Falts, Wael Samir**

CASE NO **24-43547-MXM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #4

Summary	
A. Gross Property Value (not including surrendered property)	\$908,525.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$908,525.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$568,408.46
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$568,408.46
G. Total Equity (not including surrendered property) / (A-D)	\$340,116.54
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$340,116.54
J. Total Exemptions Claimed (Wild Card Used: \$15,425.00, Available: \$0.00)	\$23,950.00
K. Total Non-Exempt Property Remaining (G-J)	\$316,166.54

Fill in this information to identify your case:

Debtor 1	Wael	Samir	Falts
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Texas
Case number (if known)	24-43547-MXM-13		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	Denton County Tax Accessor	Describe the property that secures the claim:	\$18,408.46	\$900,000.00	\$0.00
Creditor's Name PO Box 90223		Single Family Residence 530 W. Hickory Ridge Circle Argyle, TX 76226			
Number Street Denton, TX 76202-5223					
City State ZIP Code Denton, TX 76202-5223		As of the date you file, the claim is: Check all that apply.			
Who owes the debt? Check one.		Nature of lien. Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit			
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred 1/1/2024		Last 4 digits of account number 5 D E N			
Remarks: Pay Direct					
Add the dollar value of your entries in Column A on this page. Write that number here:			\$18,408.46		

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim <small>Do not deduct the value of collateral.</small>	Value of collateral that supports this claim	Unsecured portion <small>If any</small>
2.2	Edward Bounds <hr/> Creditor's Name 8320 Oak Court <hr/> Number Street North Richland Hills, TX 76182 <hr/> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ Remarks: Pay Direct	Describe the property that secures the claim: \$550,000.00	\$900,000.00	\$0.00
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Single Family Residence 530 W. Hickory Ridge Circle Argyle, TX 76226 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ 			
2.3	Tarrant County Tax Assessor/Collector <hr/> Creditor's Name PO Box 961018 <hr/> Number Street Fort Worth, TX 76161-0018 <hr/> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 2023-2024 Last 4 digits of account number 2 4 9 8 Remarks: In Plan	Describe the property that secures the claim: \$50,565.53	\$1,821,000.00	\$0.00
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Single Family Residence 19 Wyck Hill Lane Westlake, TX 76262 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ 			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$600,565.53		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		 		

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any	
2.4	Thaddeus and Jennifer Coffindaffer Creditor's Name 204 Burghley Ave. Number Street Saint Augustine, FL 32092 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>07/10/2014</u> Remarks: In Plan	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> Single Family Residence 19 Wyck Hill Lane Westlake, TX 76262 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$2,000,000.00	\$1,821,000.00	\$179,000.00
2.4	Thaddeus and Jennifer Coffindaffer (post petition arrearage) Creditor's Name 204 Burghley Ave. Number Street Saint Augustine, FL 32092 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>07/10/2014</u> Remarks: In Plan	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 2px;"> Single Family Residence 19 Wyck Hill Lane Westlake, TX 76262 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$18,840.00	\$1,821,000.00	\$179,000.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$2,000,000.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

	Additional Page	Column A	Column B	Column C	
Part 1:	Amount of claim <small>Do not deduct the value of collateral.</small>	Value of collateral that supports this claim	Unsecured portion <small>If any</small>		
2.4	<p>Thaddeus and Jennifer Coffindaffer (arrearage)</p> <p>Creditor's Name</p> <p>204 Burghley Ave.</p> <p>Number Street</p> <p>Saint Augustine, FL 32092</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 07/10/2014 Last 4 digits of account number _____</p> <p>Remarks: In Plan</p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Single Family Residence</p> <p>19 Wyck Hill Lane Westlake, TX 76262</p> </div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>	\$20,000.00	\$1,821,000.00	\$0.00
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		\$0.00			
<p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p>		\$2,618,973.99			

Fill in this information to identify your case:

Debtor 1 **Wael Samir Falts**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern** District of **Texas**

Case number **24-43547-MXM-13**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Leinart Law Firm Priority Creditor's Name 10670 N Central Expy Ste 320 Number Street Dallas, TX 75231-2173 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Attorney Fees	\$4,900.00	\$4,900.00	\$0.00

Debtor 1 Wael Samir Falts Case number (if known) 24-43547-MXM-13
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	American Airlines FCU	Last 4 digits of account number	<u>0 0 0 1</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>1/1/2018</u>		
Attn: Bankruptcy				
P.O. Box 619001 MD 2100		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
DEW Airport, TX 75261-9001		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.2	American Airlines FCU	Last 4 digits of account number	<u>0 0 0 2</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
P.O. Box 619001 MD 2100		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
DEW Airport, TX 75261-9001		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	Amex <hr/> Nonpriority Creditor's Name Correspondence/Bankruptcy <hr/> PO Box 981535 <hr/> Number Street EI Paso, TX 79998-1535 <hr/> City State ZIP Code	Last 4 digits of account number 5 4 0 3 <hr/> When was the debt incurred? 3/1/2016 <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard <hr/>	\$0.00 <hr/>
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	Amex <hr/> Nonpriority Creditor's Name Correspondence/Bankruptcy <hr/> PO Box 981535 <hr/> Number Street EI Paso, TX 79998-1535 <hr/> City State ZIP Code	Last 4 digits of account number 8 2 6 3 <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card <hr/>	\$0.00 <hr/>
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	Amex	Last 4 digits of account number	8 0 0 8	\$166.60
	Nonpriority Creditor's Name	When was the debt incurred?		
	c/o Becket and Lee			
	PO Box 3001	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Malvern, PA 19355			
	City State ZIP Code			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify Credit Card		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.6	August Real Estate I	Last 4 digits of account number	5 2 0 6	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	3960 Broadway Blvd. Ste. 107	12/1/2018		
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Garland, TX 75043	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City State ZIP Code			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify ConventionalRealEstateMortgage		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	Baylor Scott & White <hr/> Nonpriority Creditor's Name 5252 W. University Drive <hr/> Number Street Mckinney, TX 75071 <hr/> City State ZIP Code	Last 4 digits of account number <u>6 3 8 7</u> When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.8	CAP Construction <hr/> Nonpriority Creditor's Name c/o Guillermo Ramos <hr/> 2704 Valley View Lane <hr/> Number Street Farmers Branch, TX 75234 <hr/> City State ZIP Code	Last 4 digits of account number <u> </u> When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$10,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130-0285 City State ZIP Code	Last 4 digits of account number 5 2 2 6 When was the debt incurred? 8/1/2021 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$533.72
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	Chimefinal Nonpriority Creditor's Name Po Box 417 Number Street San Francisco, CA 94104 City State ZIP Code	Last 4 digits of account number 2 9 3 7 When was the debt incurred? 11/1/2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditLineSecured	\$0.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11 **City of Allen** Last 4 digits of account number 8 5 4 0 **\$682.00**

Nonpriority Creditor's Name

305 Century Pkwy. Ste. 2

Number

Street

When was the debt incurred?

12/1/2018

Allen, TX 75013

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Utilities

Is the claim subject to offset?

☒ No

☐ Yes

4.12 **Credence Resource Management LLC** Last 4 digits of account number 0 2 2 6 **\$9,759.00**

Nonpriority Creditor's Name

4222 Trinity Mills Ste. 260

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13 **David Small Law** Last 4 digits of account number 3 4 6 2 **\$7,890.00**

Nonpriority Creditor's Name

1949 Golden Heights Rd. Ste. 104

Number

Street

Fort Worth, TX 76177

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Services

4.14 **LVNV/Resurgent Capital Services** Last 4 digits of account number 4 2 1 4 **\$4,725.66**

Nonpriority Creditor's Name

PO Box 10587

Number

Street

Greenville, SC 29603-0587

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collecting for - NFCU

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	LVNV/Resurgent Capital Services <hr/> Nonpriority Creditor's Name PO Box 10587 <hr/> Number Street <hr/> Greenville, SC 29603-0587 <hr/> City State ZIP Code	Last 4 digits of account number <u>7</u> <u>0</u> <u>3</u> <u>7</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for - NFCU</u>	\$4,720.87
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.16	LVNV/Resurgent Capital Services <hr/> Nonpriority Creditor's Name PO Box 10587 <hr/> Number Street <hr/> Greenville, SC 29603-0587 <hr/> City State ZIP Code	Last 4 digits of account number <u>4</u> <u>4</u> <u>9</u> <u>5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for -NFCU</u>	\$2,105.83
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17 **Michael Bernstein** Last 4 digits of account number **\$0.00**

Nonpriority Creditor's Name

416 S. 3rd St.

Number Street

When was the debt incurred?

Garland, TX 75040

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services**

Is the claim subject to offset?

☒ No

☐ Yes

4.18 **Navy Federal Credit Union** Last 4 digits of account number **\$0.00**

Nonpriority Creditor's Name

P O Box 3000

Number Street

When was the debt incurred?

Merrifield, VA 22119-3000

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	PenFed CU <hr/> Nonpriority Creditor's Name 2930 Eisenhower Ave <hr/> Number Street <hr/> Alexandria, VA 22314 <hr/> City State ZIP Code	Last 4 digits of account number <u>5</u> <u>7</u> <u>7</u> <u>1</u> When was the debt incurred? <u>2/1/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	\$556.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.20	Portfolio Recovery Associates <hr/> Nonpriority Creditor's Name PO Box 12914 <hr/> Number Street <hr/> Norfolk, VA 23541 <hr/> City State ZIP Code	Last 4 digits of account number <u>0</u> <u>9</u> <u>0</u> <u>3</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for - Capital One</u>	\$919.84
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21 Synchrony Bank/Gap Last 4 digits of account number 7 3 9 9 **\$232.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 965060

Number Street

Orlando, FL 32896-5060

City State ZIP Code

When was the debt incurred? 12/4/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No

☐ Yes

4.22 Texas Health Resources Last 4 digits of account number 6 8 5 3 **\$6,253.16**

Nonpriority Creditor's Name

c/o Americfan Infosource

PO Box 4457

Number Street

Houston, TX 77210

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23 **Texas Health Resources** Last 4 digits of account number 7 3 1 6 **\$0.00**

Nonpriority Creditor's Name

c/o Americfan Infosource

PO Box 4457

Number Street

Houston, TX 77210

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.24 **Texas Health Resources** Last 4 digits of account number 9 1 5 6 **\$4,563.33**

Nonpriority Creditor's Name

c/o Americfan Infosource

PO Box 4457

Number Street

Houston, TX 77210

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Thomas and Christina Paver <hr/> Nonpriority Creditor's Name 14605 Gilley Lane <hr/> Number Street Haslet, TX 76052 <hr/> City State ZIP Code	Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$40,619.69
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 60%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>			
4.26	T-Mobile/T-Mobile USA <hr/> Nonpriority Creditor's Name c/o American Infosource <hr/> PO Box 248848 <hr/> Number Street Oklahoma City, OK 73124 <hr/> City State ZIP Code	Last 4 digits of account number <u>8</u> <u>0</u> <u>1</u> <u>0</u> When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	\$8,759.38
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 60%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>			

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27 **United Revenue** Last 4 digits of account number **\$1,810.00**

Nonpriority Creditor's Name

When was the debt incurred?

204 Billings #120

Number Street

As of the date you file, the claim is: Check all that apply.

Arlington, TX 76010

City State ZIP Code

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

- ☒ No
☐ Yes

4.28 **United Revenue** Last 4 digits of account number 8 2 6 0 **\$1,566.00**

Nonpriority Creditor's Name

When was the debt incurred?

204 Billings #120

Number Street

As of the date you file, the claim is: Check all that apply.

Arlington, TX 76010

City State ZIP Code

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29 **United Revenue** Last 4 digits of account number **3 2 6 0** **\$1,480.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.30 **United Revenue** Last 4 digits of account number **5 4 3 1** **\$1,480.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31 **United Revenue** Last 4 digits of account number 9 9 0 6 **\$1,480.00**

Nonpriority Creditor's Name

204 Billings #120

Number Street

Arlington, TX 76010

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

4.32 **United Revenue** Last 4 digits of account number 7 1 7 3 **\$1,471.00**

Nonpriority Creditor's Name

204 Billings #120

Number Street

Arlington, TX 76010

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33 **United Revenue** Last 4 digits of account number 5 1 9 8 **\$1,402.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.34 **United Revenue** Last 4 digits of account number 5 1 9 9 **\$1,402.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35 **United Revenue** Last 4 digits of account number 8 2 3 6 **\$1,391.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.36 **United Revenue** Last 4 digits of account number 9 9 0 7 **\$1,391.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37 **United Revenue** Last 4 digits of account number 0 9 1 3 **\$952.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.38 **United Revenue** Last 4 digits of account number 3 7 6 3 **\$952.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39 **United Revenue** Last 4 digits of account number 5 1 9 7 **\$952.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.40 **United Revenue** Last 4 digits of account number 5 2 0 0 **\$952.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41 **United Revenue** Last 4 digits of account number 6 6 8 7 **\$952.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.42 **United Revenue** Last 4 digits of account number 9 2 8 8 **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43 **United Revenue** Last 4 digits of account number **8 7 0 7** **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.44 **United Revenue** Last 4 digits of account number **8 7 0 6** **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45 **United Revenue** Last 4 digits of account number 8 7 0 5 **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.46 **United Revenue** Last 4 digits of account number 1 2 5 9 **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.47 **United Revenue** Last 4 digits of account number 5 4 3 0 **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.48 **United Revenue** Last 4 digits of account number 8 7 0 4 **\$932.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.49 **United Revenue** Last 4 digits of account number 8 2 6 1 **\$588.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

4.50 **United Revenue** Last 4 digits of account number 6 6 8 6 **\$502.00**

Nonpriority Creditor's Name

204 Billings #120

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Arlington, TX 76010

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.51	United Revenue	Last 4 digits of account number 0 9 1 4	\$502.00
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Nonpriority Creditor's Name

204 Billings #120

When was the debt incurred?

Number

Street

As of the date you file, the claim is: Check all that apply.

Arlington, TX 76010

☐ Contingent

☐ Unliquidated

☐ Disputed

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. <u>\$0.00</u>
	6b.	Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$4,900.00</u>
	6e.	Total. Add lines 6a through 6d.	6e. <u>\$4,900.00</u>

			Total claim
Total claims from Part 2	6f.	Student loans	6f. <u>\$0.00</u>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$130,236.08</u>
	6j.	Total. Add lines 6f through 6i.	6j. <u>\$130,236.08</u>

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-43547-MXM-13</u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1 Wael Samir Falts
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Texas

Case number 24-43547-MXM-13
 (if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
- Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Evat Adel Moaawad
 Name of your spouse, former spouse, or legal equivalent
530 W. Hickory Ridge Circle
 Number Street
Argyle, TX 76262
 City State ZIP Code
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Moaawad, Evat Adel
 Name
530 W. Hickory Ridge Circle
 Number Street
Argyle, TX 76226
 City State ZIP Code

☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2 _____
 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-43547-MXM-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there? 9 Yrs

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

☐ Employed ☒ Not Employed

CS Manager

American Airlines

1 Skyview Drive

Number Street

Number Street

Fort Worth, TX 76155

City State Zip Code

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$0.00

\$0.00

3. **Estimate and list monthly overtime pay.**

3.

+ \$0.00

+ \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4.

\$0.00

\$0.00

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$0.00	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8a.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8c.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: <u>See additional page</u>	8h. +	\$15,680.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$15,680.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9.			
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$15,680.00	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____	11. +	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.	\$15,680.00	\$15,680.00
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Debtor 1

Wael

Samir

Falts

First Name

Middle Name

Last Name

Case number (if known) **24-43547-MXM-13**

Amount

8h. Other monthly income For Debtor 1

Expected Income From Property Rental

\$12,500.00

Estranged Spouse Payment For Hickory Ridge Property

\$3,180.00

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-43547-MXM-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?	
<u>Child</u>	<u>12 Yrs</u>	<input type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>9 Yrs</u>	<input type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes.
<u></u>	<u></u>	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
<u></u>	<u></u>	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
<u></u>	<u></u>	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1

Wael

Samir

Falts

Case number (if known) **24-43547-MXM-13**

First Name

Middle Name

Last Name

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$500.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$200.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$500.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$100.00</u>
10.	Personal care products and services	10. <u>\$100.00</u>
11.	Medical and dental expenses	11. <u>\$100.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$250.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$100.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$0.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u>\$3,180.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Wael

Samir

Falts

First Name

Middle Name

Last Name

Case number (if known) **24-43547-MXM-13**

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$5,030.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$5,030.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$15,680.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$5,030.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$10,650.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-43547-MXM-13</u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$2,721,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$8,525.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$2,729,525.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$2,618,973.99</u>
---	-----------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$4,900.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$130,236.08</u>

Your total liabilities

\$2,754,110.07

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$15,680.00</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$5,030.00</u>
---	-------------------

Debtor 1	Wael	Samir	Falts	Case number (if known) 24-43547-MXM-13
	First Name	Middle Name	Last Name	

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$4.73

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)		<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)		<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)		<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)		<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.		<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Wael</u>	<u>Samir</u>	<u>Falts</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-43547-MXM-13</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Wael Samir Falts
Wael Samir Falts, Debtor 1

Date 10/10/2024
MM/ DD/ YYYY